

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

00590

## CERTIFICATE OF DEATH

Reg. Dist. No. 195

## 1. PLACE OF DEATH:

County HowardCity or town Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HowardCity or town Savage

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ernie Estelle Beall

## 3. (b) Social Security Number

4. Sex M5. Color or race W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Harry C. Beall7. Birth date of deceased (mo., day, yr.) March 10, 18906.(c) If alive, give age 62 years8. AGE: Years 57 Months 10 Days 13 If less than one day

hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington, D.C.

(Town, county, and state)

10. Usual occupation Housewife11. Industry or business Home12. Name Edward Malone13. Birthplace Washington, D.C.14. Maiden name Estelle Lilly15. Birthplace Washington, D.C.16. Informant Mrs. Marie MurphyAddress Laurel, Md.17. Burial Date thereof Jan 25, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory SavageLocation Savage, Md.18. Funeral director Dr. Witt DonaldsonAddress Laurel, Md.19. 1/24/48 Frank Shipley

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1948 at 5:09 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 12, 1948 to Jan. 23, 1948and that I last saw him/her alive on Jan. 23, 1948Immediate cause of death Carcinoma of Breast - 1 yr.

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 5 months of death)

Major findings of operations Carcinoma of Breast.

Date of op. \_\_\_\_\_

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank Shipley, M.D.Address Savage, Md. Date signed 1/24/48

RECEIVED

JAN 26 1948

60228

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00591

## CERTIFICATE OF DEATH

Reg. Dist. No. 191 193

## 1. PLACE OF DEATH:

County HowardCity or town Daisy  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Woodbine  
(If outside city or town limits, write RURAL and give nearest town)Street No. Wesley Mill Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Joseph C Davis

## 3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Oct. 19, 1892

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

55226

hrs.

min.

9. Birthplace

Howard Co. Md.  
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

FATHER

12. Name

W. Harvey Davis Sr.

13. Birthplace

Md.

MOTHER

14. Maiden name

Annie Griffith

15. Birthplace

Md.

16. Informant

Mrs. Catherine D Jones.

Address

Woodbine Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

1-19-1948  
(month) (day) (year)

Cemetery or crematory

Oak Grove Cems.

Location

Glenwood Md.

18. Funeral director

J.P. Reg. in both town

Address

Ellenot City Md.

19.

(Date rec'd by registrar)

19. 48

John P. Lushan  
Ch. B. & L. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1948, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 1948 to Jan 15 1948  
and that I last saw him alive on at no time 1948

Immediate cause of death

Arteriosclerotic  
Cardio-vascular disease

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alpha N Herbert M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY D. or other

Address

Ellenot city Md.Date signed 1-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTESIAN LITHO

ARTESIAN LITHO

RECEIVED

JAN 22 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 192

|  |  |                                       |  |   |  |                              |  |
|--|--|---------------------------------------|--|---|--|------------------------------|--|
| <b>1. PLACE OF DEATH:</b><br>County <u>Howard</u><br>City or town <u>Marysville</u><br>(If outside city or town limits, write RURAL and give nearest town)<br>How long in above place of death? <u>2 wks</u><br>Hospital, institution, or street address where death occurred:<br><u>Marysville Road</u><br>How long in hospital or institution? |  |                                       |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b><br>(For newborn infants give residences of mother)<br>State <u>Maryland</u> County <u>Howard</u><br>City or town <u>Marysville</u><br>(If outside city or town limits, write RURAL and give nearest town)<br>Street No. <u>Marysville Rd</u><br>(If rural, give LOCATION)<br>2.(a) If veteran, name war <u>no</u> |  |                              |  |
| <b>3.(a) FULL NAME</b> <u>Frank Gunther</u>  |  |                                       |  | <b>3.(b) Social Security Number</b>   |  |                              |  |
| <b>4. Sex</b><br><u>m</u>  |  | <b>5. Color or race</b><br><u>C</u>   |  | <b>6.(a) Single, married, widowed, or divorced</b><br><u>widower</u>  |  | <b>MEDICAL CERTIFICATION</b> |  |
| <b>6.(b) Name of husband or wife</b>   |  |                                       |  | <b>20. DATE OF DEATH</b> <u>January 26</u> 19 <u>48</u> at <u>6 A</u> M   |  |                              |  |
| <b>7. Birth date of deceased (mo., day, yr.)</b> <u>Oct. 2, 1890</u>   |  |                                       |  | <b>21. I CERTIFY that death occurred on the date above stated; last attended deceased from</b> <u>Jan 24</u> 19 <u>48</u> <b>to</b> <u>Jan 26</u> 19 <u>48</u><br><b>and that I last saw him alive on</b> <u>at no time</u> 19 <u>48</u>  |  |                              |  |
| <b>8. AGE:</b> Years <u>77</u> Months <u>3</u> Days <u>24</u> If less than one day<br>hrs. min.  |  | <b>6.(c) If alive, give age</b> years |  | <b>Immediate cause of death</b> <u>Cerebral Occlusion</u> <u>Inst</u><br><u>Arteriosclerosis</u><br><u>Endo vascular Disease</u> <u>20 yrs</u>  |  |                              |  |
| <b>6. Birthplace</b> <u>Accomac County Virginia</u><br>(Town, county, and state)   |  |                                       |  | <b>Due to</b>   |  |                              |  |
| <b>10. Usual occupation</b> <u>none</u>  |  |                                       |  | <b>Due to</b>   |  |                              |  |
| <b>11. Industry or business</b>  |  |                                       |  | <b>Other conditions</b>   |  |                              |  |
| <b>12. Name</b> <u>Frank Gunther</u>   |  |                                       |  | (Include pregnancy within 3 months of death)  |  |                              |  |
| <b>13. Birthplace</b> <u>Accomac County Virginia</u>   |  |                                       |  | <b>Major findings of operations</b>   |  |                              |  |
| <b>14. Maiden name</b> <u>Unknown</u>  |  |                                       |  | Date of op.   |  |                              |  |
| <b>15. Birthplace</b> <u>Unknown</u>   |  |                                       |  | <b>Autopsy results</b>  |  |                              |  |
| <b>16. Informant</b> <u>Annie Reed</u>   |  |                                       |  | <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>  |  |                              |  |
| <b>Address</b> <u>1201 W. Franklin St Baltimore 23 Md</u>  |  |                                       |  | <b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>  |  |                              |  |
| <b>17. Burial</b> (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>Jan 30, 1948</u><br>(month) (day) (year)   |  |                                       |  | Accident, suicide, or homicide. Date of   |  |                              |  |
| <b>Cemetery or crematory</b> <u>Western Star Cemetery</u>  |  |                                       |  | Where did injury occur? (City or town) (County) (State)   |  |                              |  |
| <b>Location</b> <u>Baltimore County</u>  |  |                                       |  | Injured at home, farm, industry, public place (where?)  |  |                              |  |
| <b>18. Funeral director</b> <u>Frank A. Sibley</u>   |  |                                       |  | Means of injury Injured at work?  |  |                              |  |
| <b>Address</b> <u>66 West Burre St Baltimore 30 Md</u>   |  |                                       |  | <b>23. SIGNATURE</b> <u>Ophe N. Herbert MD</u><br>DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other<br><b>Date rec'd by registrar</b> <u>Jan 28</u> 19 <u>48</u> <u>R. W. Hedrick</u> Registrar<br>Address <u>Ellicott City Md</u> Date signed <u>1-26-48</u>   |  |                              |  |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 00593

## 1. PLACE OF DEATH

County \_\_\_\_\_ Registration Dist. No. 92d 190  
 Village or City Elkridge, Md No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Sophia Nicholson

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>Colored</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widow</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>George Nicholson</u>                         |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Oct 12, 1874</u>   |  |   |
| 7. AGE<br><u>73</u>   | Years<br><u>3</u>  | Months<br><u>16</u>   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Housewife</u> |  | 11. Total time (years) spent in this occupation                           |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                              |  |   |
| 10. Date deceased last worked at this occupation (month and year)   |  |   |
| 12. BIRTHPLACE (city or town) <u>Alexander</u><br>(State or country) <u>Virginia</u>                            |  |   |
| FATHER  | 13. NAME <u>Leupold Blue</u>   |   |
| MOTHER  | 14. BIRTHPLACE (city or town) <u>Alexander</u><br>(State or country) <u>Va</u> |   |
| 15. MAIDEN NAME <u>Catherine</u>  |  |   |
| 16. BIRTHPLACE (city or town) <u>Alexander, Va</u><br>(State or country)  |  |   |
| 17. INFORMANT <u>Viola Johnson</u><br>(Address) <u>Schubert, Md</u>   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br><u>Mark Harrison, Md</u> Date <u>Feb-1, 1948</u>                           |  |   |
| 19. UNDERTAKER <u>Mrs. Katie R. Williams</u><br>(Address) <u>322 N. Schubert,</u>                               |  |   |
| 20. FILED <u>2-1</u> 19 <u>48</u> City Health Dept Registrar.   |  |   |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Jan 28 1948  
 (Month) (Day) (Year)

## 22. HEREBY CERTIFY, That I attended deceased from

Sept 13, 1947, to Jan 28, 1948  
 I last saw him alive on Jan 28, 1948; death is said to have occurred on the date stated above, at 8:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Valvular disease  
My peritonitis

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

00594

## 1. PLACE OF DEATH:

County HowardCity or town Laurel  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County HowardCity or town Laurel  
(If outside city or town limits, write RURAL and give nearest town)Street No. High Ridge Park  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Joseph Scott

## 3. (b) Social Security Number

4. Sex Male 5. Color or race C 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Lillie M. Scott7. Birth date of deceased (mo., day, yr.) march 15, 1871 6.(c) If alive, give age ..... years8. AGE: Years 76 Months ..... Days ..... If less than one day ..... hrs. .... min.9. Birthplace Virginia  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name John Scott13. Birthplace Virginia14. Maiden name Elizabeth15. Birthplace Va.16. Informant Lillie M. ScottAddress High Ridge Park Laurel Md17. Burial Date thereof 1-15-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Auburn Cem.Location Mt. Vernon18. Funeral director Mrs. Kate R. WilliamsAddress 322 N. Schuveder St.19. 1/9/48 19. A. W. Hedrick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 19 48 at 10 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 19 48 to Jan 6 19 48and that I last saw him alive on Jan 5 19 48Immediate cause of death Pneumonia DURATION 3 daysDue to Acute enterocolitis

Due to .....

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE A. W. Hedrick M. D. or other

Address .....

Date signed .....



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00595

Reg. Dist. No. 194

## 1. PLACE OF DEATH:

County HowardCity or town Dayton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Dayton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Hamilton Greenburg Simpson

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Ida Hungerford Simpson

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

October 21, 1879

8. AGE:

Years

Months

Days

If less than one day

6834

hrs.

min.

9. Birthplace Howard County, Md

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Henry H. Simpson

13. Birthplace

Md

MOTHER

14. Maiden name Laura Johnson

15. Birthplace

Md16. Informant Ida H. SimpsonAddress Dayton, Md.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof 1-30-48  
(month) (day) (year)Cemetery or crematory Linthicum ChapelLocation Clarksville Md18. Funeral director F.C. HiginbothamAddress Ellicott City, Md.19. January 28 1948  
(Date rec'd by registrar)Marie C. Whitaker  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1948 at 4.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1941 to January 26 1948  
and that I last saw him alive on January 23 1948Immediate cause of death acute cardiac failure

DURATION

5 daysDue to chronic myocarditis5 yearsDue to arteriosclerosis15 yearsOther conditions paralysis agitans15 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Charles S. Whitaker M.D.

M. D. or other

Address Clarksville, Md. Date signed 1-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR FRANK SHIPLEY

SAVAGE, MARYLAND

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

00593

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... HOWARDCity or town..... DORSEY  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD. County..... HOWARDCity or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

MARTHA A. TRUNK

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

WIDOW

6.(b) Name of husband or wife.....

PAUL H.

7. Birth date of deceased (mo., day, yr.)

MARCH 1862

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

85

..... hrs. .... min.

9. Birthplace.....

HOWARD CO. MD.  
(Town, county, and state)

10. Usual occupation.....

HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name.....

WILLIAM SMALL WOOD

13. Birthplace.....

MARYLAND

14. Maiden name.....

15. Birthplace.....

16. Informant.....

OSCAR SMALLWOOD

Address.....

SPRING GROVE HOSP.

17.

BURIAL  
(Burial, cremation, or removal. Which?)Date thereof..... JAN. 9 1948  
(month) (day) (year)

Cemetery or crematory.....

WESTERN

Location.....

BALTIMORE, MD.

18. Funeral director.....

WILLIAM COOK, FNO.

Address.....

1217 ST. PAUL ST

19.

1-8 48  
(Date rec'd by registrar)Frank Shipley  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... JAN. 7 1948 5<sup>30</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 29 1947 to Jan. 7 1948  
and that I last saw him alive on Jan. 6 1948

Immediate cause of death.....

Cerebral Hemorrhage with Hemiplegia

Due to.....

Hypertension

Due to.....

Arterio-sclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of .....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

23. SIGNATURE.....

Frank Shipley, M.D.  
Savage, Md. Date signed..... 11/7/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

00597

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

## 1. PLACE OF DEATH: -

County HOWARD  
 City or town ELLICOTT CITY  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 YRS  
 Hospital, institution, or street address where death occurred:  
COLLEGE AVE  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County HOWARD  
 City or town ELLICOTT CITY  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. COLLEGE AVE  
 (If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

LAVINIA WAGNER

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced WIDOW  
 6. (b) Name of husband or wife JACOB  
 7. Birth date of deceased (mo., day, yr.) APR. 4, 1865  
 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 82 Months 8 Days 27 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace WOODBINE, MD  
 (Town, county, and state)  
 10. Usual occupation HOUSEWIFE  
 11. Industry or business HOME

FATHER 12. Name JACKSON STAPLEY  
 13. Birthplace MD.  
 MOTHER 14. Maiden name SARAH WELSH  
 15. Birthplace MD.

16. Informant MR. EDGAR J. WAGNER  
 Address RANDALLSTOWN, MD.  
 17. BURIAL Date thereof 1/3/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory LORRAINE  
 Location BALTO., MD.

18. Funeral director WM. J. TICKNER & SONS, INC.  
 Address \_\_\_\_\_

19. Jan. 3 19 48 A. W. Hedrich  
 (Date rec'd by registrar) Registrar a d d

## MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 1 19 48 at 1 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 19 47 to 1/1 19 48  
 and that I last saw him alive on 1/1 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 1 Week  
General Atherosclerosis ?

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Dan W. Hedrich  
 M. D. or other \_\_\_\_\_  
 Address 3376 J. Edgar St. Date signed 1/7/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coverage is especially important. Physicians; please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 830 CB 005915

## 1. PLACE OF DEATH:

County.....

City or town.....

Howard  
Ellicott City

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Pinel Clinic

How long in hospital or institution?.....

3 yrs, 9 mos, 1 wk.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

JANE ELIZABETH WHITEHEAD

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

L. J. Whitehead

7. Birth date of

deceased (mo., day, yr.)

Sept. 21, 1868

8. AGE:

Years

79

Months

3

Days

18

If less than one day

hrs. min.

9. Birthplace

Staunton Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Capt. E. A. Fulcher

13. Birthplace

Richmond Va.

14. Maiden name

Emma Engleman

15. Birthplace

Augusta Co. Va.

16. Informant

Mrs. Thomas Harrett

Address

Big Spring, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 17, 1948

Cemetery or crematory

Thornrose Cemetery

Location

Staunton, Virginia

18. Funeral director

Easton Sons

Address

Ellicott City, Md.

19.

(Date rec'd by registrar)

Jan. 16, 1948

John B. Loughman

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 8, 1948 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1, 1947 to Jan. 8, 1948

and that I last saw her alive on Jan. 8, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

5 days

Due to

Generalized Arterio-sclerosis

years

Due to

Other conditions

Senile psychosis

5 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

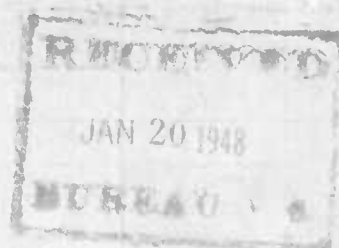
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David Kirschenbaum M.D.  
Pinel Clinic Ellicott City, Md.  
Date signed 1/8/48





The exact date of interment is not available at this time, remains are to be shipped Saturday January 17, 1948.

Easton Sons

*Clinton M. Easton*